

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2642

|  |                           |  |  |
|--|---------------------------|--|--|
| BIRTH NO. <u>35570-55</u> REG. DIST. NO. <u>149</u> PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>2642</u>   |                           |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 2d</u><br>c. LENGTH OF STAY (in this place) <u>2d</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>             |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u><br>c. CITY OR TOWN <u>Kansas City Rural</u><br>d. Is Residence within limits of a city or incorporated town? <u>No</u><br>+ STREET ADDRESS (If rural, give location) <u>9201 Chestnut 7000</u> |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Betty</u> b. (Middle) <u>Girl</u> c. (Last) <u>Dellarzio</u>   |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6-20-55</u>  |  |
| 5. SEX <u>7</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>  | 8. DATE OF BIRTH <u>6-17-55</u>                |
| 9. AGE (In years last birthday) <u>2</u>   |                           | IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>   | IF UNDER 24 HRS. Hours <u>2</u> Min. <u>16</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>   |                           | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Philip Dellarzio</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>Joyce Combs</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>none</u>  |                           |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)   |                           | 16. SOCIAL SECURITY NO. <u>-</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Philip Dellarzio</u>  |                           | ADDRESS <u>9201 Chestnut K.C., Mo.</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspirational Pneumonia</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Prematurity</u><br>DUE TO (c) <u></u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.           |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                           |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |                           |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?   |                           |  |  |
| 22. I hereby certify that I attended the deceased from <u>6-17</u> , 19 <u>55</u> , to <u>6-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-20</u> , 19 <u>55</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above. |                           |  |  |
| 23a. SIGNATURE <u>H. Ivan Teel</u> (Degree or title) <u>Do. 2</u>  |                           | 23b. ADDRESS <u>1114 + 71 Highway Hickman Mills</u>  |  |
| 23c. DATE SIGNED <u>6-21-55</u>  |                           |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |                           | 24b. DATE <u>6/22/55</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>  |                           | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Reva Minshall</u>  |                           | ADDRESS <u>KC</u>  |  |
| DATE REC'D BY LOCAL REG. <u>6-21-55</u>  |                           |  |  |

(Licensed Embalmer) (Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 42

P. O. Address K C M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.